# "FEE ADDRESS" INDICATION FORM

| **Address to:**<br>**Mail Stop M Correspondence**<br>**Commissioner for Patents**<br>**P.O. Box 1450**<br>**Alexandria, VA 22313-1450** | **Fax to:**<br>**571-273-6500** |
|---|---|

**- OR -**

> **INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

[X] Customer Number: 005318

**OR**

[ ] The attached Request for Customer Number (PTO/SB/125) form.

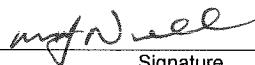| PATENT NUMBER<br>(if known) | APPLICATION NUMBER |
|---|---|
| 5,993,824 | |

Completed by (check one):

[ ] Applicant/Inventor

~~signature~~
Signature

[X] Attorney or Agent of record    36,623
        (Reg. No.)

Mark J. Nuell
Typed or printed name

[ ] Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

(858) 356-5959
Requester's telephone number

[ ] Assignee recorded at Reel _____ Frame _____

               Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

[ ] *Total of __1__ forms are submitted.